

Application Data Sheet

Application Information

Application number::

Filing Date:: 08/13/03

Application Type:: Regular

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: INACTIVATED INFLUENZA VIRUS VACCINE
FOR NASAL OR ORAL APPLICATION

Attorney Docket Number:: 37974-0197

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contractor Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Ireland
Status::	Full Capacity
Given Name::	Noel
Middle Name::	
Family Name::	Barrett
Name Suffix::	
City of Residence::	Klosterneuburg/Weidling
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Steinwandgasse 6A
City of mailing address::	Klosterneuburg/Weidling
State or Province of mailing address::	
Country of mailing address::	Austria
Postal or Zip Code of mailing address::	A-3400

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Otfried
Middle Name::	
Family Name::	Kistner
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Weyringergasse 27/16
City of mailing address::	Vienna
State or Province of mailing address::	
Country of mailing address::	Austria
Postal or Zip Code of mailing address::	A-1040

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Croatia
Status::	Full Capacity
Given Name::	Marijan
Middle Name::	
Family Name::	Gerencer
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Frauengasse 11/2/18
City of mailing address::	Vienna
State or Province of mailing address::	
Country of mailing address::	Austria
Postal or Zip Code of mailing address::	A-1170

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Friedrich
Middle Name::	
Family Name::	Dorner
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Peterlinigasse 17
City of mailing address::	Vienna
State or Province of mailing address::	
Country of mailing address::	Austria
Postal or Zip Code of mailing address::	A-1230

Correspondence Information

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::
Primary	33,715	John P. Isacson
Primary	33,683	Patricia D. Granados
Primary	31,298	Colin G. Sandercock
Primary	32,350	C. Joseph Faraci

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
09/913,400	National Stage of		12/05/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/AT00/00023	02/01/00	Yes
Austria	A194/99	02/11/99	Yes

Assignee Information

Assignee name:: Baxter Healthcare S.A.

Street of mailing address:: Hertistrasse 2

City of mailing address:: Wallisellen, Kanton Zurich

State or Province of mailing address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-8306